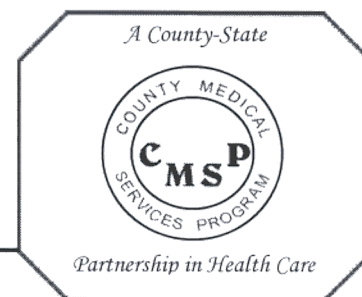


**COUNTY MEDICAL SERVICES PROGRAM**  
**MS 5202**  
**P.O. BOX 997413**  
**SACRAMENTO, CA 95899-7413**  
**(916) 552-8015 Fax No.: (916) 552-8018**



CMSP Letter No. 04-03  
Issue Date May 3, 2004

**TO: ALL COUNTY WELFARE DIRECTORS**

**SUBJECT: COUNTY MEDICAL SERVICES PROGRAM (CMSP)**  
**CHANGES REGARDING BENEFITS**

The purpose of this letter is to inform you and your staff of important changes to the CMSP. Due to continuing demand for Program services and a shortfall in Program funding, the CMSP Governing Board on March 25, 2004 approved a number of benefit changes designed to reduce overall Program costs. Public hearings on these changes were held in early March 2004. The approved changes include the following:

- Eliminate follow-up care for Aid Code 50 (Emergency Services Only) Beneficiaries
- Reinforce CMSP as a Secondary Payer to ADAP, Family PACT and Hepatitis-C Patient Assistance Programs
- Eliminate certain coverage under the CMSP Vision Benefit
- Eliminate certain coverage under the CMSP Dental Benefit

Enclosed with this ACL are copies of the formal Program letters that communicated these changes to CMSP healthcare providers and current CMSP beneficiaries (as of April Meds Renewal). These letters are provided to you as a source of information regarding the changes.

We will be requiring that ADAP, FPACT or Patient Assistance Programs representatives provide the beneficiary with documentation of ineligibility. If these programs do not provide a formal document to the client showing the client is ineligible, a standard form, "Record of Denied Program Eligibility," available on the Governing Board's website, can be used for this purpose. The form (enclosed with this ACL and discussed below) will be available at the CMSP Governing Board's website at <http://www.cmspcounties.org> no later than May 7, 2004.

Also enclosed are the following items and suggested/requested usage:

- "CMSP Benefit Change Quick Reference Guide." This should only be used by county staff as a desktop tool for a quick explanation of these changes.
- Two camera-ready copies of the page entitled, "CMSP Benefit Restrictions and Limitations." **Along with routine eligibility packets, please provide a copy of this**

**document to new enrollees that would not have been sent the above-mentioned letter.** Counties are instructed to use these copies to produce an adequate supply of the notice. A Spanish version is not available at this time. The provision of this document will no longer be necessary once the CMSP Information Notice No. 1 and the CMSP 239 P are revised to reflect these changes. You soon will be sent an ACL transmitting the revised Notice No. 1 and 239 P.

Two camera-ready copies of the form, "Record of Denied Program Eligibility." It is requested that the counties make this form available to clients either by request, in the routine eligibility packets or through a method that best fits the county's business practice.

Additionally, it is requested that your staff advise CMSP clients, verbally when possible, of these changes and assure that clients are referred to the appropriate program to make application for services, as may be indicated.

For specific questions relating to these changes, please refer to the phone numbers in the attached letters.

Sincerely,



Marylyn Willis, Chief  
County Medical Services Program Unit

Enclosures

cc: Mr. Lee Kemper  
Administrative Officer  
CMSP Governing Board  
1451 River Park Drive, Suite 222  
Sacramento, CA 95815

CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
COUNTY MEDICAL SERVICES PROGRAM  
MS 5202  
P.O. BOX 997413  
SACRAMENTO, CA 95899-7413



DATE: APRIL 28, 2004

TO: COUNTY MEDICAL SERVICES PROGRAM (CMSP) PROVIDERS

SUBJECT: UPCOMING BENEFIT CHANGES TO CMSP

On March 25, 2004, the CMSP Governing Board (Board) approved the following changes to CMSP benefits. These changes are necessitated by a continuing budget shortfall for CMSP. These policies apply to CMSP recipients with the following aid codes: 84, 85, 88, 89, 50, and 8F. The changes and their effective dates are described below:

#### FIRST PAYMENT BY OTHER PROGRAMS

- Restricted Payment for HIV Medications – Referral to ADAP  
(Effective: June 1, 2004)

CMSP will no longer pay for services that CMSP beneficiaries may receive through other programs. As a result, CMSP beneficiaries who are eligible to receive services and medications through the **California AIDS Drug Assistance Program (ADAP)** must receive those services and medications through ADAP, not CMSP.

CMSP will only pay for HIV medications if the beneficiary is NOT eligible for ADAP. To provide a one-month continuity-of-care period, MedImpact (CMSP's prescription drug benefit administrator) will approve a one-time 30-day supply of HIV medications. Following the continuity-of-care period, MedImpact will not approve payment for HIV medications unless the CMSP beneficiary has written proof of denial by ADAP. For more information about ADAP, call 888-311-7632 or 888-575-ADAP, or visit the Internet site [www.ramsellcorp.com](http://www.ramsellcorp.com). Providers are encouraged to advise their CMSP clients, as appropriate, to initiate eligibility for the ADAP program. If you have questions about the CMSP prescription drug benefit, call MedImpact at 800-788-2949.

Restricted Payment for Family Planning Services and Contraceptives – Referral to Family PACT (Effective: June 1, 2004)

CMSP will no longer pay for services that CMSP beneficiaries may receive through other programs. As a result, CMSP beneficiaries who are eligible to receive services and medications through the ***Family Planning, Access, Care and Treatment Program (Family PACT)*** must receive those services and medications through Family PACT, not CMSP.

CMSP will only pay for family planning services, including contraceptives, if the beneficiary is NOT eligible for Family PACT. To provide a one-month continuity-of-care period, CMSP will pay for a one-time 30-day supply of family planning medications. Following the continuity-of-care period, MedImpact will not pay for family planning medications unless the CMSP beneficiary has written proof of denial by Family PACT.

For more information about Family PACT, call 800-942-1054. Providers are encouraged to advise their clients, as appropriate, to initiate eligibility for the Family PACT program. If you have questions about the CMSP prescription drug benefit, call MedImpact at 800-788-2949.

Restricted Payment for Hepatitis-C Medications – Referral to Drug Company Patient Assistance Programs (Effective: July 1, 2004)

CMSP will no longer pay for Hepatitis-C medications that CMSP beneficiaries may receive through drug company Patient Assistance Programs (PAPs). If a CMSP beneficiary has Hepatitis-C, CMSP will not pay for any Hepatitis-C medications unless they have been determined ineligible for the PAPs offered by the drug companies that make these medications.

If a CMSP beneficiary has Hepatitis-C and is currently receiving Hepatitis-C medications through CMSP, only the approved course of treatment that is underway as of July 1, 2004, will be paid by CMSP. Additional information about drug company PAPs is available on the Internet at [www.helpingpatients.org/index.cfm](http://www.helpingpatients.org/index.cfm).

**EMERGENCY SERVICES ONLY (AID CODE 50 CMSP BENEFICIARIES)**  
**(Effective: July 1, 2004)**

Coverage for CMSP clients who do not provide evidence of legal immigration status (Aid Code 50) will be limited to emergency services only. Follow-up care related to the emergency condition will no longer be covered. In accordance with this change, CMSP

will limit payment for prescription medications (for Aid Code 50 clients only) to a 30-day supply of medications directly related to the emergency. For questions regarding the CMSP prescription drug benefit, call MedImpact at 800-788-2949. For other questions, call 916-552-8015.

**REDUCTION OF VISION SERVICES (Effective: June 1, 2004)**

CMSP will no longer pay for eye appliances, including lenses (glass, plastic, and corneal), frames, low vision aids, prosthetic eyes, and miscellaneous nonlens items. See the California Code of Regulations, Title 22, Section 51519 for a comprehensive list of these excluded procedure codes. For questions, call 916-552-8015.

**REDUCTION OF DENTAL SERVICES (Effective: July 1, 2004)**

Previously, CMSP provided coverage for a wide range of dental services. Coverage for dental services under CMSP will be reduced to a set of basic services designed to address episodic dental needs and dental emergencies. A copy of the scope of dental services is available on the Board's website at [www.cmspcounties.org](http://www.cmspcounties.org). For questions, call 916-552-8015.

**ePOCRATES**

The CMSP Drug Formulary is now available in electronic format through ePocrates, which provides electronic versions of drug formularies for downloading to (hand-held) personal data assistants (PDAs). This concise clinical reference tool is intended to assist clinicians when they write prescriptions for CMSP clients. Additional information about ePocrates is available at [www.epocrates.com](http://www.epocrates.com), or by calling 650-227-1700.

Additional information concerning changes to CMSP is available on the Board's website at [www.cmspcounties.org](http://www.cmspcounties.org).

Sincerely,



Nancy E. Hayward, Chief  
Medically Indigent Services Section

CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
COUNTY MEDICAL SERVICES PROGRAM  
MS 5202  
P.O. BOX 997413  
SACRAMENTO, CA 95899-7413



DATE: APRIL 28, 2004

TO: COUNTY MEDICAL SERVICES PROGRAM (CMSP) BENEFICIARY

SUBJECT: CMSP BENEFIT CHANGES

This letter is to inform you of changes to CMSP that are being made because funding for CMSP has been reduced. The changes and their effective dates are described below:

#### FIRST PAYMENT BY OTHER PROGRAMS

Restricted Payment for HIV Medications – Referral to ADAP  
(Effective: June 1, 2004)

CMSP will no longer pay for services that CMSP beneficiaries may receive through other programs. As a result, CMSP beneficiaries who are eligible for medications through the **California AIDS Drug Assistance Program (ADAP)** must receive those medications through ADAP, not CMSP.

If you have HIV, CMSP will only pay for HIV medications if you are NOT eligible for ADAP. To provide a one-month continuity-of-care period, MedImpact (CMSP's prescription drug benefit administrator) will approve a one-time 30-day supply of HIV medications. Following the continuity-of-care period, MedImpact will not approve payment for HIV medications unless the CMSP beneficiary has written proof of denial by ADAP. For more information about ADAP, call 888-311-7632 or 888-575-ADAP, or visit the Internet site [www.ramsellcorp.com](http://www.ramsellcorp.com).

If you are denied eligibility for ADAP, make sure you get a document from the program showing you have been denied. This document is needed in order for CMSP to consider payment for HIV medications. If you have questions about your CMSP prescription drug benefit, call MedImpact at 800-788-2949.

Restricted Payment for Contraceptives – Referral to Family PACT  
(Effective: June 1, 2004)

CMSP will no longer pay for services that CMSP beneficiaries may receive through other programs. As a result, CMSP beneficiaries who are eligible to receive services and medications through the ***Family Planning, Access, Care and Treatment Program (Family PACT)*** must receive those services and medications through Family PACT, not CMSP.

If you want family planning services, including contraceptives, CMSP will only pay for these services if you are NOT eligible for Family PACT. To provide a one-month continuity-of-care period, CMSP will pay for a one-time 30-day supply of family planning medications. Following the continuity-of-care period, MedImpact will not pay for family planning medications unless the CMSP beneficiary has written proof of denial by Family PACT. For more information about Family PACT, call 800-942-1054.

If you are denied eligibility for Family PACT, make sure you get a document from the program showing you have been denied. This document is needed in order for CMSP to consider payment for family planning medications. If you have questions about your CMSP prescription drug benefit, call MedImpact at 800-788-2949. For other questions, call 916-552-8015.

Restricted Payment for Hepatitis-C Medications – Referral to Drug Company Patient Assistance Programs (Effective: July 1, 2004)

CMSP will no longer pay for Hepatitis-C medications that CMSP beneficiaries may receive through drug company Patient Assistance Programs (PAPs). If you have Hepatitis-C, CMSP will not pay for any Hepatitis-C medications unless you have been determined ineligible for the PAPs offered by the drug companies that make these medications. If you are denied for the PAPs, make sure you get a document showing you have been denied. This document is needed in order for CMSP to consider payment for the medications.

If you have Hepatitis-C and are currently receiving Hepatitis-C medications through CMSP, only your approved course of treatment that is underway as of July 1, 2004, will be paid by CMSP. For more information about drug company PAPs, visit the Internet site [www.helpingpatients.org/index.cfm](http://www.helpingpatients.org/index.cfm). You may also want to contact your doctor.

**EMERGENCY SERVICES ONLY (AID CODE 50 CMSP BENEFICIARIES)**  
(Effective: July 1, 2004)

CMSP beneficiaries who do not provide proof of legal immigration status (Aid Code 50) will receive emergency services only. CMSP will no longer pay for follow up services. In addition, payment for prescription drugs for Aid Code 50 beneficiaries will be limited to a 30-day supply of medications related to the emergency. For questions regarding the CMSP prescription drug benefit, call MedImpact at 800-788-2949. For other questions, call 916-552-8015.

**REDUCTION OF VISION SERVICES (Effective: June 1, 2004)**

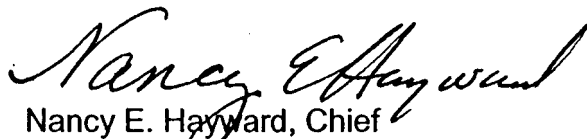
CMSP will no longer pay for eye appliances, which include eyeglass lenses and frames, contact lenses, low vision aids, prosthetic eyes, or miscellaneous nonlens items. However, eye exams and other optometry services will continue to be a CMSP benefit. For questions, call 916-552-8015.

**REDUCTION OF DENTAL SERVICES (Effective: July 1, 2004)**

CMSP dental services will be limited to services that address basic dental needs and dental emergencies. Your dentist will know the services that are paid for by CMSP. For questions, call 916-552-8015.

Additional information concerning changes to CMSP is available on the CMSP Governing Board's website at [www.cmspcounties.org](http://www.cmspcounties.org).

Sincerely,

  
Nancy E. Hayward, Chief  
Medically Indigent Services Section



### Benefit Change Quick Reference Guide County Medical Services Program (CMSP)

Program	New Program Limit & Effective Date	Comments	Limitations	Contact Information
California AIDS Drug Assistance Program (ADAP)	Payment by CMSP for HIV medications only when CMSP client is NOT eligible for ADAP. <b>Effective June 1, 2004.</b>	Denial of ADAP program eligibility required before CMSP will pay for HIV medications after continuity-of-care period.	CMSP's drug benefit administrator (MedImpact) will approve a one-time 30-day supply of HIV medications ONLY.	ADAP Information: Call 888-311-7632 or 888-575-ADAP, or visit the Internet site: <a href="http://www.ramsellcorp.com">www.ramsellcorp.com</a> CMSP drug benefit information: Call MedImpact at 800-788-2949
California Family Planning, Access, Care and Treatment Program	Payment by CMSP for family planning services and medications only when CMSP client is NOT eligible for Family PACT. <b>Effective June 1, 2004.</b>	Denial of Family PACT program eligibility required before CMSP will pay for family planning medications after continuity-of-care period.	CMSP's drug benefit administrator (MedImpact) will approve a one-time 30-day supply of family planning medications ONLY.	<ul style="list-style-type: none"> <li>Family PACT Information: Call 800-942-1054.</li> <li>CMSP drug benefit information: Call MedImpact at 800-788-2949.</li> </ul>
Hepatitis-C drug company Patient Assistance Programs (PAPs)	Payment by CMSP for Hepatitis-C medications only when CMSP client is NOT eligible for drug company Patient Assistance Programs (PAPs). <b>Effective July 1, 2004.</b>	Denial by drug company Hepatitis-C PAPs before CMSP will consider request for medications.	As of July 1, 2004 only CMSP clients already receiving Hepatitis-C medications through CMSP may complete their approved course of treatment.	<ul style="list-style-type: none"> <li>Drug company Patient Assistance Program information: <a href="http://www.helpingpatients.org/index.cfm">www.helpingpatients.org/index.cfm</a></li> <li>Contact primary care doctor</li> </ul>
Emergency Services Only for Aid Code 50	Payment by CMSP for emergency service only; NO payment for follow-up care. <b>Effective July 1, 2004.</b>	Medications limited to one-time 30-day supply for medications related to emergency.	No payment for follow up care. Medications limited to one-time 30-day supply.	<ul style="list-style-type: none"> <li>CMSP drug benefit information: Call MedImpact at 800-788-2949</li> <li>General CMSP benefit information: 916-552-8015</li> </ul>
Elimination of Coverage for Eye Appliances	No payment by CMSP for eyeglasses, contact lenses, and other eye appliances. <b>Effective June 1, 2004.</b>	N/A	N/A	<ul style="list-style-type: none"> <li>General CMSP benefit information: 916-552-8015</li> </ul>
Reduction of Dental Services	CMSP dental payment limited to services that address basic dental needs and dental emergencies. <b>Effective July 1, 2004.</b>	N/A	N/A	General CMSP benefit information: 916-552-8015 Contact participating CMSP dentist for benefit limits

## CMSP BENEFIT RESTRICTIONS AND LIMITATIONS

### **Restricted Payment for HIV Medications**

Effective June 1, 2004, CMSP will not pay for services that CMSP beneficiaries may receive through other programs. CMSP beneficiaries who are eligible for medications through the *California AIDS Drug Assistance Program (ADAP)* must receive those medications through ADAP, not CMSP.

If you have HIV, CMSP will only pay for HIV medications if you are NOT eligible for ADAP. To provide a one-month continuity-of-care period, MedImpact (CMSP's prescription drug benefit administrator) will approve a one-time 30-day supply of HIV medications. Following the continuity-of-care period, MedImpact will not approve payment for HIV medications unless the CMSP beneficiary has written proof of denial by ADAP. For more information about ADAP, call 888-311-7632 or 888-575-ADAP, or visit the Internet site [www.ramsellcorp.com](http://www.ramsellcorp.com).

If you are denied eligibility for ADAP, make sure you get a document from the program showing you have been denied. This document is needed in order for CMSP to consider payment for HIV medications. If you have questions about your CMSP prescription drug benefit, call MedImpact at 800-788-2949.

### **Restricted Payment for Family Planning Services (including Contraceptives)**

Effective June 1, 2004, CMSP will not pay for services that CMSP beneficiaries may receive through other programs. CMSP beneficiaries who are eligible to receive services and medications through the *Family Planning, Access, Care and Treatment Program (Family PACT)* must receive those services and medications through Family PACT, not CMSP.

If you want family planning services, including contraceptives, CMSP will only pay for these services if you are NOT eligible for Family PACT. To provide a one-month continuity-of-care period, CMSP will pay for a one-time 30-day supply of family planning medications. Following the continuity-of-care period, MedImpact will not pay for family planning medications unless the CMSP beneficiary has written proof of denial by Family PACT. For more information about Family PACT, call 800-942-1054.

If you are denied eligibility for Family PACT, make sure you get a document from the program showing you have been denied. This document is needed in order for CMSP to consider payment for family planning medications. If you have questions about your CMSP prescription drug benefit, call MedImpact at 800-788-2949. For other questions, call 916-552-8015.

### **Restricted Payment for Hepatitis-C Medications**

Effective July 1, 2004, CMSP will not pay for Hepatitis-C medications that CMSP beneficiaries may receive through drug company Patient Assistance Programs (PAPs). If you have Hepatitis-C, CMSP will not pay for any Hepatitis-C medications unless you have been determined ineligible for the PAPs offered by the drug companies that make these medications. If you are denied for the PAPs, make sure you get a document showing you have been denied. This document is needed in order for CMSP to consider payment for the medications.

If you have Hepatitis-C and are currently receiving Hepatitis-C medications through CMSP, only your approved course of treatment that is underway as of July 1, 2004, will be paid by CMSP. For more information about drug company PAPs, visit the Internet site [www.helpingpatients.org/index.cfm](http://www.helpingpatients.org/index.cfm). You may also want to contact your doctor.

### **Emergency Services Only (Aid Code 50)**

Effective July 1, 2004, CMSP beneficiaries who do not provide proof of legal immigration status (Aid Code 50) will receive emergency services only. CMSP will no longer pay for follow up services. In addition, payment for prescription drugs for Aid Code 50 beneficiaries will be limited to a 30-day supply of medications related to the emergency. For questions regarding the CMSP prescription drug benefit, call MedImpact at 800-788-2949. For other questions, call 916-552-8015.

### **Reduction of Vision Services**

Effective June 1, 2004, CMSP will no longer pay for eye appliances, which include eyeglass lenses and frames, contact lenses, low vision aids, prosthetic eyes, or miscellaneous non-lens items. However, eye exams and other optometry services will continue to be a CMSP benefit. For questions, call 916-552-8015.

### **Reduction of Dental Services**

Effective July 1, 2004, CMSP dental services will be limited to services that address basic dental needs and dental emergencies. Your dentist will know the services that are paid for by CMSP. For questions, call 916-552-8015.

# CMSP

COUNTY MEDICAL  
SERVICES PROGRAM

## Record of Denied Program Eligibility

If you do not have another document that shows you have been denied eligibility for one of the programs listed below, please have this form completed. FAX the completed form to: **1-916-848-3349**. Your eligibility worker, medical provider or pharmacy may be able to help you fax this form.

<u>CMSP Member Name:</u>	<u>CMSP Client ID Number (CIN):</u>
<u>Address:</u>	<u>Date of Birth:</u>
	<u>Phone Number:</u> (     )     -
	<u>Physician Name (Prescriber):</u>
	<u>Phone Number:</u> (     )     -
	<u>Fax Number:</u> (     )     -

Program Applied For (check appropriate program):

- ☐ California AIDS Drugs Assistance Program (ADAP)
- ☐ California Family Planning, Access, Care and Treatment Program (Family PACT)
- ☐ Hepatitis-C Patient Assistance Program (PAP)

Name(s) of Drug Manufacturers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Application Denial

Program Representative

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

If you have questions regarding completion of this form, call 1-916-649-2631, ext.17

NOTE: The information contained on this form may be confidential and is intended only to be received by the party with the e-FAX number listed above. If you are not the intended recipient (or the employee or agent responsible to deliver this to the intended recipient), you are hereby notified that any distribution or copying of the information contained on this form is strictly prohibited. If you have received this form in error, please destroy this document.